

PRINT OR TYPE IN BLACK INK

## WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at [www.dec.state.ny.us/website/dmn](http://www.dec.state.ny.us/website/dmn) or contact your local Regional office.

FOR DEPARTMENT USE ONLY

Reviewed by _____		Date _____		Well Type _____					
WELL NAME AND NUMBER ROMAHN #1		API WELL IDENTIFICATION NUMBER 31 - 0 1 7 2 6 0 5 0							
WELL OWNER (Full Name of Organization or Individual as registered with the Division) Nornew, Inc.									
TYPE OF REPORT <input checked="" type="checkbox"/> Interim <input type="checkbox"/> Final		TYPE OF WELL <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Sidetrack					
If the well is a directional or sidetrack, also submit a complete directional survey									
TYPE OF OPERATION <input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert		WELL TYPE <input checked="" type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____							
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____		TYPE OF COMPLETION <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Other (Specify) _____							
7 1/2 MINUTE QUAD NAME TYNER		QUAD SECTION							
LOCATION DESCRIPTION		Decimal Latitude (NAD83)		Decimal Longitude (NAD83)					
Surface 0' 0'		4 2 . 4 2 9 3 1 2		7 5 . 6 3 2 7 7 4					
Top of Target Interval 5,013		4 2 . 4 2 9 3 1 2		7 5 . 6 3 2 7 7 4					
Bottom of Target Interval 5,118		4 2 . 4 2 9 3 1 2		7 5 . 6 3 2 7 7 4					
Bottom Hole 5,218		4 2 . 4 2 9 3 1 2		7 5 . 6 3 2 7 7 4					
TVD TMD									
PRODUCING FORMATION(S) ONEIDA		DEEPEST FORMATION PENETRATED OSWEGO							
For vertical wells, use TMD to record depths									
COUNTY CHENANGO		DATE DRILLING COMMENCED Month 6 Day 24 Year 2008		DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.					
TOWN OXFORD		DATE DRILLING COMPLETED Month 7 Day 4 Year 2008		DRILLED WITH ROTARY TOOLS (TMD) From 0 ft. to 5,218 ft.					
FIELD/POOL NAME WILDCAT		DATE FINAL COMPLETION/RECOMPLETION Month 7 Day 17 Year 2008		ROTARY DRILLING FLUID <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud					
DRILLER'S TD (ft.) TVD 5,218 TMD	LOGGER'S TD (ft.) TVD 5,200 TMD	PLUG BACK TO (ft.) TMD	KICKOFF DEPTH (ft.) TMD	ELEV. (ft.) 1,105 <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey					
				DATUM (ft.) 1,115 <input type="checkbox"/> DF <input checked="" type="checkbox"/> KB <input type="checkbox"/> GL					
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back									
LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input checked="" type="checkbox"/> Density <input checked="" type="checkbox"/> Neutron <input type="checkbox"/> Mud <input type="checkbox"/> Directional <input checked="" type="checkbox"/> Induction <input checked="" type="checkbox"/> Temperature <input checked="" type="checkbox"/> Caliper <input type="checkbox"/> Sonic <input type="checkbox"/> Others (Specify) _____				WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional					
				CUTTINGS COLLECTED FOR STATE <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
CASING STRINGS		HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)			
Drive Pipe or Conductor		15	13 3/8	54.5	new	73	CASING	CENTRALIZERS	BASKETS
Surface or Water		12 1/4	9 5/8	36	new	589	88,264,396,528		88
Intermediate		8 3/4	7	20	new	3055	253,591,929,1266,1604,1942,228 0,2618,2955,3039		593,2683
Production		6 1/4	4 1/2	10.5	new	5169	3709,3929,4147,4366,4585,4804, 4891,4974,5066,5144		4541
Liners									
CEMENT DATA		CLASS/TYPE OF CEMENT		NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. <sup>3</sup> /sx)	VOLUME (ft. <sup>3</sup> )	CEMENT TOP (TMD)	W.O.C. (hrs.)
Drive Pipe or Conductor		NONE							
Surface or Water		CEMENT CLASS A 3% cal. 1/2# unicele		220	15.6	1.18	260	surface	8
Intermediate		50/50 Pozmix 2% gel, 18% salt Class A 2% CaCl <sub>2</sub> , 1/2# unicele		338 30	14.52 15.6	1.29 1.18	443 35	est.300	8
Production		50/50 pozmix, 10% salt, 2 % gel		175	14.38	1.29	226	est.2950	8
Liners									
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.									
Printed or Typed Name of Authorized Representative Signature <u>John W. Kiser</u>					John W. Kiser Title <u>Drilling and Completions Engineer</u> Date <u>January 9, 2009</u>				

WELL DRILLING AND COMPLETION REPORT

ATTACH ADDITIONAL INFORMATION AS NECESSARY

WELL NAME AND NUMBER ROMAHN #1		API WELL IDENTIFICATION NUMBER 01726050									
P R E C O M P L E T I O N	TYPE OF TEST (dst, ball, etc.)	ZONES TESTED (TMD)		DURATION OF TEST (hrs.)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA						
		ft. to ft.									
		ft. to ft.									
		ft. to ft.									
C O M P L A T I O N	COMPLETION EQUIPMENT: List tubing, packer, rods, pump, bridges, etc.; note sizes and depths					WELL COMPLETED OPEN HOLE (TMD) ft. to ft.					
	PERFORATED INTERVALS (TMD)		NO. OF SHOTS		PERFORATED INTERVALS (TMD) Continued			NO. OF SHOTS			
	5,050 ft. to 5,065 ft.		30		ft. to ft.			ft.			
	ft. to ft.				ft. to ft.			ft.			
S T I M U L A T I O N	ZONES TREATED (TMD)		DETAILS: type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc.								
	5,050 ft. to 5,065 ft.		25 bpm gel Water , 425 sx sand,BD 2975 psi, AVTP 3016, ISIP 3235 psi, 107,000 SCF N2 assist								
	ft. to ft.										
	ft. to ft.										
	ft. to ft.										
	ft. to ft.										
	ft. to ft.										
P R O D U C T I O N	FORMATION TESTED		GAS TEST <input type="checkbox"/> Build Up		<input type="checkbox"/> Open Flow <input type="checkbox"/> Drawdown		OIL TEST <input type="checkbox"/> Pump <input type="checkbox"/> Flow		INITIAL SHUT-IN PRESSURE Surface _____ psi. Bottom Hole _____ psi.		
	DURATION OF TEST hrs.	FLOWING TEST DATA Choke in.		Tubing psi	Casing psi	S.I. Tubing psi	S.I. Casing psi	S.I. Time hrs.			
	PRODUCTION Oil bpd		Water bpd	Gas mcfpd	GAS MEASURED BY <input type="checkbox"/> Orifice <input type="checkbox"/> Pitot <input type="checkbox"/> Estimated			TEST STARTING DATE			
U N C O N S O L I D A T E D  R E C O R D  O F  F O R M A T I O N  B E N D R O O P C K  P E N E T R A T E D	DEPTH IN FEET (TVD)	DEPTH IN FEET (TMD)	FORMATION NAME		DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER, BRINE, OIL AND GAS						
	0	0	-----		Ground Surface (Elevation)						
			Shale								
		1,988	Tully								
		1,993	Hamilton/Marcellus								
		2,788	Onondaga								
		2,905	Oriskany								
		2,923	Helderberg								
		3,342	Camillus								
		3,635	Salt								
		3,860	Vernon								
		4,480	Lockport								
		4,572	Herkimer								
		4,634	Willowvale								
		4,780	Sauquoit								
		4,985	Sodus								
		5,013	Oneida								
		5,118	Oswego								
	5,218	TD									



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## WELL DRILLING AND COMPLETION REPORT

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FOR DEPARTMENT USE ONLY														
Reviewed by <u>JLR</u>					Date <u>1-30-09</u>		Well Type <u>GW</u>							
WELL NAME AND NUMBER <u>ROMAHN #1</u>					API WELL IDENTIFICATION NUMBER <u>31-017-26050</u>									
WELL OWNER (Full Name of Organization or Individual as registered with the Division) <u>Nomew, Inc.</u>														
TYPE OF REPORT <input checked="" type="checkbox"/> Interim <input type="checkbox"/> Final			TYPE OF WELL <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing			TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Sidetrack								
If the well is a directional or sidetrack, also submit a complete directional survey														
TYPE OF OPERATION <input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert			WELL TYPE <input checked="" type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____											
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____					TYPE OF COMPLETION <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Other (Specify) _____									
7 1/4 MINUTE QUAD NAME <u>TYNER</u>					QUAD SECTION									
LOCATION DESCRIPTION					Decimal Latitude (NAD83)					Decimal Longitude (NAD83)				
Surface <u>0'</u> <u>0'</u>					<u>4 2 . 4 2 9 3 1 2</u>					<u>7 5 . 6 3 2 7 7 4</u>				
Top of Target Interval <u>5,013</u>					<u>4 2 . 4 2 9 3 1 2</u>					<u>7 5 . 6 3 2 7 7 4</u>				
Bottom of Target Interval <u>5,118</u>					<u>4 2 . 4 2 9 3 1 2</u>					<u>7 5 . 6 3 2 7 7 4</u>				
Bottom Hole <u>5,218</u>					<u>4 2 . 4 2 9 3 1 2</u>					<u>7 5 . 6 3 2 7 7 4</u>				
TVD <u>TMD</u>														
PRODUCING FORMATION(S) <u>ONEIDA</u>					DEEPEST FORMATION PENETRATED <u>OSWEGO</u>									
For vertical wells, use TMD to record depths														
COUNTY <u>CHENANGO</u>			DATE DRILLING COMMENCED Month <u>6</u> Day <u>24</u> Year <u>2008</u>			DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.								
TOWN <u>OXFORD</u>			DATE DRILLING COMPLETED Month <u>7</u> Day <u>4</u> Year <u>2008</u>			DRILLED WITH ROTARY TOOLS (TMD) From <u>0</u> ft. to <u>5,218</u> ft.								
FIELD/POOL NAME <u>WILDCAT</u>			DATE FINAL COMPLETION/RECOMPLETION Month <u>7</u> Day <u>17</u> Year <u>2008</u>			ROTARY DRILLING FLUID <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud								
DRILLER'S TD (ft.) TVD _____ 5,218 TMD		LOGGER'S TD (ft.) TVD _____ 5,200 TMD		PLUG BACK TO (ft.) TVD _____ TMD		KICKOFF DEPTH (ft.) TMD		ELEV. (ft.) <u>1,105</u> <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey						
								DATUM (ft.) <u>1,115</u> <input type="checkbox"/> DF <input checked="" type="checkbox"/> KB <input type="checkbox"/> GL						
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back														
LIST ALL WIRELINE LOGS RUN—SUBMIT TWO (2) COPIES OF EACH <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input checked="" type="checkbox"/> Density <input checked="" type="checkbox"/> Neutron <input type="checkbox"/> Mud <input type="checkbox"/> Directional <input checked="" type="checkbox"/> Induction <input checked="" type="checkbox"/> Temperature <input checked="" type="checkbox"/> Caliper <input type="checkbox"/> Sonic <input type="checkbox"/> Others (Specify) _____						WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional								
						CUTTINGS COLLECTED FOR STATE <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes								
CASING STRINGS		HOLE SIZE	PIPE SIZE	GRADEWT.	NEW OR USED	DEPTHS SET (TMD)								
						CASING	CENTRALIZERS	BASKETS						
Drive Pipe or Conductor		15	13 3/8	54.5	new	73	-	-						
Surface or Water		12 1/4	9 5/8	36	new	589	88,264,396,528	88						
Intermediate		8 3/4	7	20	new	3055	253,691,929,1266,1604,1942,228 0.2618,2955,3039	593,2683						
Production		6 1/4	4 1/2	10.5	new	5169	3709,3929,4147,4366,4585,4804, 4891,4974,5068,5144	4541						
Liners														
CEMENT DATA		CLASS/TYPER OF CEMENT		NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. <sup>3</sup> /sx)	VOLUME (ft. <sup>3</sup> )	CEMENT TOP (TMD)	W.O.C. (hrs.)					
Drive Pipe or Conductor		NONE												
Surface or Water		CEMENT CLASS A 3% cel. 1/2# unicate		220	15.6	1.18	260	surface	8					
Intermediate		50/50 Pozmix 2% gel, 18% salt Class A 2% CaCl <sub>2</sub> , 1/2# unicate		338 30	14.52 15.6	1.29 1.18	443 35	est.300	8					
Production		50/50 pozmix, 10% salt, 2 % gel		175	14.38	1.29	226	est.2950	8					
Liners														
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.														
Printed or Typed Name of Authorized Representative					John W. Kiser									
Signature <u>John W. Kiser</u>					Title <u>Drilling and Completions Engineer</u>		Date <u>January 9, 2009</u>							

WELL DRILLING AND COMPLETION REPORT

ATTACH ADDITIONAL INFORMATION AS NECESSARY

WELL NAME AND NUMBER ROMAHN #1				API WELL IDENTIFICATION NUMBER 31 0 1 7 2 6 0 5 0												
P R E C O M P L E T I O N	TYPE OF TEST (dst, bail, etc.)	ZONES TESTED (TMD)		DURATION OF TEST (hrs.)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA											
		ft. to ft.														
		ft. to ft.														
		ft. to ft.														
C O M P L E T I O N	COMPLETION EQUIPMENT: List tubing, packer, rods, pump, bridges, etc.; note sizes and depths													WELL COMPLETED OPEN HOLE (TMD) ft. to ft.		
	PERFORATED INTERVALS (TMD)				NO. OF SHOTS		PERFORATED INTERVALS (TMD) Continued				NO. OF SHOTS					
	5,050 ft. to 5,065 ft.				30		ft. to ft.				ft. to ft.					
	ft. to ft.						ft. to ft.				ft. to ft.					
S T I M U L A T I O N	ZONES TREATED (TMD)		DETAILS: type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc.													
	5,050 ft. to 5,065 ft.		25 bpm gel Water , 425 sx sand, BD 2975 psi, AVTP 3016, ISIP 3235 psi, 107,000 SCF N2 asslet													
	ft. to ft.															
	ft. to ft.															
	ft. to ft.															
	ft. to ft.															
P R O D U C T I O N	FORMATION TESTED		GAS TEST <input type="checkbox"/> Build Up		<input type="checkbox"/> Open Flow <input type="checkbox"/> Drawdown		OIL TEST <input type="checkbox"/> Pump <input type="checkbox"/> Flow		INITIAL SHUT-IN PRESSURE Surface _____ psi. Bottom Hole _____ psi.							
	DURATION OF TEST hrs.	FLOWING TEST DATA Choke in.		Tubing psi	Casing psi	S.I. Tubing psi	S.I. Casing psi	S.I. Time hrs.								
	PRODUCTION Oil bpd	Water bpd	Gas mcfpd	GAS MEASURED BY <input type="checkbox"/> Orifice <input type="checkbox"/> Pitot <input type="checkbox"/> Estimated				TEST STARTING DATE								
U N C O N S O L I D A T E D  R E C O R D  O F  F O R M A T I O N  B E D R O C K  P E N E T R A T E D	DEPTH IN FEET (TVD)	DEPTH IN FEET (TMD)	FORMATION NAME		DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER, BRINE, OIL AND GAS											
	0	0	-----		Ground Surface (Elevation)											
			Shale													
		1,988	Tully													
		1,993	Hamilton/Marcellus													
		2,788	Onondaga													
		2,905	Oriskany													
		2,923	Helderberg													
		3,342	Camillus													
		3,635	Salt													
		3,860	Vernon													
		4,480	Lockport													
		4,572	Herkimer													
		4,634	Willowvale													
		4,780	Sauquoit													
		4,985	Sodus													
		5,013	Oneida													
		5,118	Oswego													
	5,218	TD														